

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **27336**  
**2994**  
Registrar's No.

**FILLED SEP 12 1941**  
Registration District No. **279**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**5407 Tracy Avenue**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **13 Years**  
(Specify whether years, months or days)  
In this community **13 Years**

3. (a) PRINT

FULL NAME **Mr. Albert Vern Jones**

3. (b) If veteran,

name war **No**

3. (c) Social Security

No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
(b) Name of husband or wife **Mrs. Mary Lena Jones** 6. (c) Age of husband or wife if alive **55** years  
7. Birth date of deceased **November 19 1884**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**56** **8** **18** hr. min.

9. Birthplace **Rice County** **Kansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Government Grain Inspector**

11. Industry or business **Department of Agriculture**

12. Name **J. E. Jones**

13. Birthplace **Iowa**  
(City, town, or county) (State or foreign country)

14. Maiden name **Sarah Katherine Reed**

15. Birthplace **Pennsylvania**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Gerald J. Jones**

(b) Address **1401 Brush Creek Blvd**

17. (a) **Removal** (b) Date thereof **Aug. 8, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Waldron, Kansas**

18. (a) Signature of funeral director **O. H. Newcomer**

(b) Address **1401 Brush Creek Blvd**

19. (a) **8/27/41** (b) **M. M. Brown**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5407 Tracy Avenue**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **7th**  
year **1941** hour **4** minute **A.** M.

21. I hereby certify that I attended the deceased from **Mar 21** 19**41** to **Aug 7** 19**41**  
that I last saw him alive on **Aug 6** 19**41**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Malignant Brain Tumor**

Due to **54B**

Due to  
Other conditions **Hypertension**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **Malignant tumor of Brain**  
Autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury  
23. Signature **George O. Brown** (M. D. or other)  
Address **1630 Prof Bldg** Date signed **8-7-41**

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Registered Apprentice No.....

working under my personal supervision.

**Signé**

Licensed Embalmer No. 3839

P. O. Address... N. C. 114

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**